

Electronic Patent Application Fee Transmittal

Application Number:	10717082			
Filing Date:	19-Nov-2003			
Title of Invention:	Lateral flow immunoassay devices for testing saliva and other liquid samples and methods of use of same			
First Named Inventor/Applicant Name:	Huiyan Guo			
Filer:	Fred C. Hernandez/Cecilia Tobin			
Attorney Docket Number:	E-006U			
Filed as Small Entity				
Utility Filing Fees				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:		Adjustment date: 07/07/2008 CKHLOK 05/19/2008 INTERSW 00003193 500311 10717082 02 FC:2253 525.00 CR		
Petition-revive unintent. abandoned appl	2453	1	770	770
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 3 months with \$0 paid	2253	1	525	525
Miscellaneous:				
Total in USD (\$)				1295

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Huiyan Guo et al. Art Unit : 1797
Serial No. : 10/717,082 Examiner : SIEFKE, SAMUEL P.
Filed : November 19, 2003 Conf. No. : 1853
Title : LATERAL FLOW IMMUNOASSAY DEVICES FOR TESTING SALIVA AND
OTHER LIQUID SAMPLES AND METHODS OF USE OF SAME

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

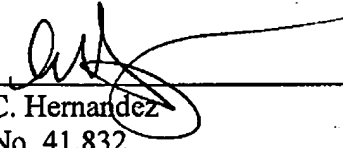
RESPONSE TO RESTRICTION REQUIREMENT

Responsive to the action mailed May 30, 2007, applicant elects Group I, including claims 1-38 and 48. The election is made without traverse.

Any fees and/or credits that may be due in connection with the filing of this paper or with this application may be applied to Deposit Account No. 50-0311. Applicant petitions for a three-month extension of time.

Respectfully submitted,

Date: May 16, 2008


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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7-1-08</u>		2 Serial/Patent # <u>10/712,082</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment		5-16-08	\$ 525							
<input checked="" type="checkbox"/>	Extension of Time			\$							
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	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
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7 TOTAL AMOUNT OF REFUND			\$ 525								
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10 REASON:		Treasury Check									
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	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>3</td><td>1</td><td>1</td></tr></table>			5	0	--	0	3	1	1
5	0	--	0	3	1	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Ext. of Time paid after maximum extendable time period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Kimberly Inabinet</u>		PHONE: <u>x24618</u>									
OFFICE: <u>Office of Petitions</u>											
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